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ABSTRACT

This study examined relations between grandmothers' and mothers' memories of caregiving in their childhoods; grandmothers' and mothers' current relationships with each other; and mothers' patterns of caregiving with their infants. Subjects included 49 families across three generations. Grandmothers and mothers completed a questionnaire assessing their memories of acceptance and overprotection by their parents and were observed interacting on problem-solving tasks. The interactions were rated for positive affect and boundary dissolution. The latter rating concerned instances of role reversals or disregard for the other's feelings. Mothers' interactions with their infants at 6 and 9 months were rated for maternal intrusiveness. Results indicated that grandmothers who ranked high in memories of overprotection were more likely than other grandmothers to have daughters who ranked high in memories of overprotection. Grandmothers who reported maternal overprotection and stifled autonomy were more likely than other grandmothers to engage in intrusive interactions with their adult daughters. Mothers who reported maternal overprotection were more intrusive with their infants at both 6 and 9 months of age than were other mothers. High boundary dissolution and low positive affectivity between grandmothers and mothers were related to mothers' intrusive behavior with their infants. A list of 25 references is provided. (BC)

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The Transmission of Mother-Child Boundary Disturbances Across Three Generations

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The Transmission of Mother-Child Boundary Disturbances

Across Three Generations

Today, I'd like to talk about the transmission of maternal overinvolvement and intrusiveness across three generations. Most empirical studies examining the continuity of parenting across generations have focused on parental practices, such as discipline and physical abuse, parental attitudes and values, or affective qualities such as attachment, acceptance and warmth (Egeland, Jacobvitz & Sroufe, 1988; Hall, Pawlby, & Wolkind, 1979; Main & Goldwyn, in press; and Simons, Whitbeck, Conger & Chyi-In, 1991). One style of care that has received less attention by researchers is an overinvolved parenting pattern characterized by intrusive maternal caregiving which hampers the infant's emerging autonomy and individuality. We drew on family systems theory and incorporated an organizational approach to understand the transmission of maternal intrusiveness or overinvolvement across three generations: maternal grandmothers, their adult daughters and their grandchildren.

The purpose of this talk is twofold: 1) to explore the relationship between grandmothers' and their adult daughters' history of care on the quality of their current relationship with each other; and 2) to examine the effects of boundary disturbances between grandmothers and their daughters, both when their daughters were young children and, currently, as adults, on the quality of care the daughters provide their grandchildren.

A caregiver who is considered intrusive "does things 'at the infant' rather than in response to an infant's signals" (Sroufe, 1990, p. 344). These caregivers respond to their infants in a rigid and overcontrolling way rather than accepting and cooperating with their infants' emotional state. Such intrusiveness during infancy forecasts maladaptive development throughout childhood, including the development of anxious attachments at 12 and 18 months (Ainsworth, Blehar, Waters

& Wall, 1978; Belsky, Rovine & Taylor, 1984), heightened frustration on problem-solving tasks at 42 months (Egeland, 1985), and, in my own studies, the development of Attention-deficit Hyperactivity Disorder in kindergarten, first and second grade (Jacobvitz & Sroufe, 1987). The negative effects of intrusive care on children's development are clear; yet the origins of this caregiving pattern remains poorly understood.

Based on family systems theory, with its focus on the function and structure of relationships within the entire family, we hypothesized that a mother's relationship with her own mother and specifically, an overinvolved and enmeshed relationship with her mother, would relate to overinvolved and intrusive interactions with her own infant. In "healthy" families, adults seek support from their partners who provide them with the emotional sustenance necessary to focus on meeting their children's needs. In contrast, family system theorists, such as Salvador Minuchin (1974) and Murrey Bowen (1978), describe a triangulated family pattern in which one or both parents have experienced a lack of nurturance and difficulties with individuation from their own family of origin. These parents attempt to satisfy their unmet needs with their partner, a demand that is likely to overwhelm and ultimately tax the partner's resources. The parent may then turn to the child who is more vulnerable to exploitation. As the child develops, his or her emerging autonomy threatens the parent who continues to try to gain nurturance from the child. Overprotective parental behaviors that stifle the child's individuation and sense of separateness may result. When the child grows older, the parent and child are likely to have an enmeshed relationship characterized by disregard, and even intolerance, for each others' distinct opinions, attitudes and feelings. Because of children's own unmet needs in these families, they are likely to grow up and recreate similar relationship dynamics with their own children.

By incorporating an organizational/adaptational perspective into our work, we anticipated continuity in caregiving across all three generations. Specifically, we expected that the same

underlying relationship disturbance will manifest differently depending on the child's age. During infancy, parents are intrusive, interfering with their children's capacity to regulate their own behavior; during early childhood, parents become overprotective, stifling their children's autonomy; and when their children grow older, mother and daughter are enmeshed -- mothers seeking emotional support from their daughters, expecting them to listen and empathize with their feelings and advise them in their personal affairs. Although boundary distortions in these relationships are manifest differently, they all involve the parents' continuing entanglement with their children at the expense of fostering their children's autonomy and individuation.

Thus, the present study addressed the following hypotheses: 1) We predicted that grandmothers' and daughters' memories of overprotection by their respective mothers during childhood would be interrelated; 2) Grandmothers' and daughters' memories of maternal overprotection will relate to enmeshment in their current relationship with each other; and 3) Daughters' history of maternal overprotection and continuing entanglements with their mothers will relate to intrusive patterns of care with their 6 and 9 month old infants.

Finally, maternal overinvolvement has been confused with excessive caring and warmth. However, since parental overinvolvement stems from the parent's own unmet needs and not from excessive caring for their daughters, we anticipated that grandmother-daughter enmeshment would not be simply excessive warmth and caring. In fact, we predicted that grandmother-daughter dyads who are highly enmeshed would tend to show less warmth and caring.

Method

Subjects. Forty-nine families, including maternal grandmothers, mothers and firstborn grandchildren (23 girls and 26 boys) were recruited from infants' birth announcements published in the local Austin newspaper when the infants were 6 months old. The mothers ranged in age from 21 to 41 years old (X=30; SD=4.46) and were from middle class backgrounds. Forty-seven of the 49

mothers were married and two were single parents. The majority of the mothers were white (87%) and the remaining were Hispanic. Most of the mothers had some college education (78%) and were employed full or part time (70%). The maternal grandmothers ranged in age from 41 to 60 years old (X = 55) and were from middle class backgrounds. Most of the grandmothers were married (75%), white (80%), employed (60%) and had some college education (73%). At the time of the study, 50% lived within 50 miles of their daughters.

Most of the work on mothers' relationships with their adult daughters has been conducted by sociologists interested in elderly grandmothers (Mancini & Blieszner, 1989). This research is among the first to systematically observe the relationship between young grandmothers and their daughters.

Procedures. Families were visited twice in the daughters homes when the infants were both 6 and 9 months old. To minimize attrition, newsletters were mailed to them every 6 weeks and, after completion of the study, all families received copies of grandmother-grandchild and daughter-grandchild videotaped interactions as well as a hardback children's book. Three mothers dropped out of the study prior to the second home visit. When the children were 6 months old, maternal grandmothers and their daughters completed a measure of maternal overprotection and grandmothers and their daughters participated in two videotaped interaction tasks. In addition, daughters were videotaped playing with and feeding their infants in their homes at both the 6 and 9 month visit.

Maternal Overprotection.-- Grandmothers and their daughters completed the Mother-Father-Peer Scale or "MFP" (Epstein, 1983). The MFP is a self-report questionnaire designed to assess adults' memories of acceptance, overprotection and idealization in their relationships with their own parents during childhood. The maternal overprotection subscale, which consists of 10 items rated on a 5-point likert scale, was used in the present study. This scale tapped mothers' memories of

being encouraged versus discouraged to make their own decisions, express thoughts and feelings, to take risks and, in general, to become independent. Items include, for example, "when I was a child, my mother: encouraged me to try things my way; usually supported me when I wanted to do new and exciting things; would often do things for me that I could do myself." Mothers' reports of maternal independence during childhood have been shown to relate to observations of mothers' responsiveness to their infants' signals at 6 months (Biringen, 1990) and to the quality of attachment at one year (Ricks, 1985).

Because the maternal overprotection scores for both grandmothers and their daughters showed bimodal distributions, a median split was used to form a high overprotection group and a low overprotection group. These two groups were used in all analyses involving the childhood maternal overprotection assessment.

Grandmother-Daughter Boundary Distortions. At the 6 month visit, grandmothers and their daughters were videotaped interacting on two problem-solving tasks. First, dyads were presented with a Q-sort comprised of thirty-five cards, each containing a personality adjective, such as "warm-hearted", "assertive" and "adventurous". Grandmothers and their daughters were instructed to work together to sort cards into 7 piles of 5 cards each, indicating qualities that are least characteristic to most characteristic of the ideal person. Next, dyads were asked to talk about how they get along best and what they like about each other, and, finally, to generate and discuss an area in which they have differences.

These videotaped interactions were rated later on two 7-point scales: One designed to assess the dissolution of generational boundaries (developed for the present study) and the other to assess positive affectivity (adapted from Fleeson, 1988). The Generational Boundary Dissolution scale assessed the extent to which boundaries between grandmothers and their daughters are violated. High scores were given to dyads in which the generational boundaries between these

dyads were weak. One or both members talked "at" each other, rather than with each other, and showed disregard for the other's feelings and distinct opinions. Additionally, in these relationships, roles were reversed, whereby the daughters were observed to nurture their own mothers at the expense of expressing their own needs. In fact, observers sometimes had difficulties determining who was the mother and who was the daughter in these dyads. The grandmothers often appeared weak and needy and their daughters spent much of the session giving the grandmothers advice about their personal lives and marriages. For example, daughters advised their mothers, the grandmothers, on a range of topics including how to raise their younger brothers and sisters, their mothers' eating and sleeping habits and even the quality of their mothers' marital relationship with their fathers. Low scores were given to dyads in which the boundaries between grandmothers and mothers were maintained. These pairs evidenced mutual respect shown by their ability to listen to and acknowledge each other's point of view. Grandmothers encouraged their daughters, the mothers, to express their opinions and, at the same time, provided them with gentle guidance and support. Mothers calmly asserted their needs; they were neither rigid nor controlling. Positive Affectivity is a measure of warmth and caring. High scores on this scale indicated that the dyad enjoyed sharing the task, and showed warmth and high personal regard toward one another, communicated by warm voice tones, compliments, and smiles. Low scores were given to those dyads who did not evidence a sense of caring or having fun together. The task seemed to be a burden to these grandmother-mother pairs, and their expressions were somber. These two scales were rated independently by different sets of trained coders. Coders on one scale had no knowledge of ratings on the other scale, and neither set of coders had any knowledge of scores on the self-report measures or ratings on the daughter-grandchild interactions.

Maternal Intrusiveness. Daughters were observed for 35 minutes playing with and feeding their infants, the grandchildren, in the daughters' homes when the infants were 6 months old, and,

again, when the infants were 9 months old. The daughters were asked to play with and feed their infants as they usually do. These videotaped observations were rated on a 9-point Intrusiveness scale, with a 9 given to daughters who were cooperative and nonintrusive and a 1 given to daughters who were very intrusive (adapted from Ainsworth, Blehar, Waters, & Wall, 1978). The Intrusiveness scale assesses the degree to which the mother responds to her infant in a rigid manner, doing things at the infant rather than in response to her infant's readiness for, or interest in, the particular stimulation. Rather than responding cooperatively to their infants' cues, these daughters overwhelmed their infants by talking loudly, giving their infants food or toys despite their infants' attempts to turn away and interfering with their infants' exploration and interest in novel objects.

To assure independence, maternal intrusiveness at 6 and 9 months was assessed by different trained coders. Further, those who coded mother-infant interactions had no knowledge of ratings on grandmother-mother interactions. At 6 months, interrater reliability on the intrusiveness scale was .81, with 78% exact agreement or within a 1- point discrepancy. At 9 months, interrater reliability on the intrusiveness scale was .76 with 88% exact agreement or a 1- point descrepancy.

Results

As you recall, first we predicted that grandmothers' and their adult daughters' memories of overprotection by their respective mothers during childhood would be interrelated. Consistent with predictions, we found continuity across generations between grandmothers' and daughters' caregiving history. Grandmothers in the high overprotection group were more likely to have daughters who were also in the high overprotection group ($X = 5.76$, $p < .02$). Next, grandmothers' and daughters' memories of maternal overprotection were expected to relate to enmeshment in their current relationship with each other. Grandmothers' caregiving histories were related significantly to boundary distortions in their relationships with their daughters (see Table

1). Compared to grandmothers who reported that their own mothers encouraged their autonomy during childhood, those who recalled maternal overprotection and stifled autonomy were more likely to engage in intrusiveness interactions with their adult daughters. These grandmothers talked "at", rather than with, the daughters and turned to their daughters for comfort and emotional support. The daughters, in turn, relegated their own needs to those of their mothers, (the grandmothers), providing them with encouragement and emotional support. Daughters' memories of overprotection were not significantly related to boundary dissolution in their current relationships with their mothers, but did show a nonsignificant trend with positive affectivity.

Third, either daughters' history of maternal overprotection or their current enmeshment with their mothers was expected to relate to intrusive patterns of care with their 6 and 9 month old infants. As predicted, mothers who reported maternal overprotection were more intrusive with their infants at both 6 and 9 months (see Table 2). Also, both a high degree of boundary dissolution and low degree of positive affectivity and warmth between grandmothers and mothers were related significantly to mothers' intrusive and interfering behavior with their own infants at 6 and 9 months (see Table 3).

Finally, we anticipated that boundary dissolution between grandmothers and mothers is not simply a reflection of excessive warmth and affection. As you can see in Table 3, current boundary dissolution between grandmothers and mothers showed a significant negative correlation with positive affectivity.

Discussion

These findings support the hypothesis of continuity of caregiving patterns across the generations and, in particular, that it is the organization and patterning of the parent-child relationships, not necessarily the specific behaviors, that are carried forward (Sroufe & Fleeson, 1986). Boundary disturbances were manifest differently across generations and yet, showed

interrelationships. Grandmothers recalled that, during childhood, their own mothers were overprotective, stifling their autonomy; these grandmothers engaged their adult daughters in a pattern of mother-daughter role-reversal, whereby they expected them to listen and empathize with their feelings and advise them in their personal affairs; and the daughters (the mothers), in turn, were intrusive and interfering with their own infants' capacity for self-regulation. Although boundary disturbances were manifest differently -- overprotection, role-reversal and intrusiveness -- they all involved the parent's continuing entanglement with the child at the expense of fostering the child's autonomy.

The daughter's memories of her childhood relationship with her mother did not significantly relate to observations of her current relationship with her mother (the grandmother). Such findings suggest that the relationship between mother's childhood memories and current parenting practices are not simply an artifact of her current relationship with her mother. Nevertheless, the mother's early childhood relationship with her own mother does continue to influence her parental practices.

Nonsignificant links between daughter's memories of overprotection and qualities of her current relationship with her mother can be explained in a number of ways. Overprotection during childhood and boundary dissolution during young adulthood may reflect distinct parenting patterns. In this case, our findings are consistent with the idea that multiple pathways can lead to the same final outcome (Sroufe & Jacobvitz, 1988). For some daughters, maternal intrusiveness may stem from a history of maternal overprotection. For others, intrusiveness is related to an ongoing overinvolved relationship with their own mothers.

Adult Attachment and Maternal Intrusiveness: Preliminary Analyses

It is also possible that daughters' relationships with their mothers may have transformed over time. Daughters may have reworked and rethought early childhood experiences. In this case, it is not the specific memories or "historical truth" of their childhood that relates to the nature of

adult daughters; current relationship with their own mothers. Rather, it is the way they represent their childhood relationship with mothers which involves an updating of their models of attachment. Specifically, we anticipated that mothers' ability to provide coherent and well-integrated descriptions of their relationships with their own mothers would relate to high warmth and caring in their current relationship with their mothers and to low boundary dissolution scores.

We also examined whether the adult daughter's security of attachment relates to their nonintrusive and cooperative interactions with their infants at 6 and 9 months. Mothers' attachment classification has been related to the infant's attachment classification in middle class samples in Berkeley (Main & Goldwyn, in press) and Virginia (Eichberg & Ainsworth, in press) and in economically disadvantaged adolescents in New York City (Ward, Marcus, Ezra, Altman, & Levine, 1991) as well as in London (Fonagy, Steele & Steele, 1991), Australia (Benoit, Vidovic, & Roman, 1991), Germany (Grossmann, Fremmer-Bombik, Rudolph, & Grossmann, 1988) and recently, in the Netherlands (Van Izendoorn, Kranenburg, Zwart-Woudstra, Van Busschbach, Lambermon, 1991). This is among the first of studies, however, to examine whether adults' attachment relates to actual parenting behaviors over the first year of life.

Method

Adult Attachment Interview. We administered the Adult Attachment Interview to mothers when the infants were 19 to 20 months old and to grandmothers when the infants were between 20 to 24 months old. The Adult Attachment Interview, or AAI, is a semi-structured interview to probe for descriptions of relationships, specific supportive or contradictory memories and descriptions of current relationships with parents. To date, interview transcripts for 18 daughters and 14 grandmothers have been rated on the Attachment Q-set (Kobak, 1989).

Two raters place 100 q-set items into one of nine categories ranging from least to most characteristic of the subjects. Q-set items were derived from descriptions in Main and Goldyn's (in

press) classification system. A criterion of .60 was used as the minimum level of composite interrater reliability acceptable. Composited interview Q-sorts were correlated with two criterion prototypes that had been generated for a secure (vs. insecure) and a repressing (vs. preoccupied) adult. High scores on the secure/insecure dimension indicate that the parent values relationships, regarding them as influential on personality and can describe them coherently, whether or not attachment-related experiences were negative or positive. Adults scoring high on the repressing dimension tended to devalue the importance and impact of attachment relationships in their own life, and tended to idealize their parents. Finally, adults who rely on the preoccupied strategy are unable to describe their attachment history in a coherent way, still being very much caught up with, or preoccupied with, the past.

Results

Given that transcripts from only a subset of our sample have been rated, we consider the following results preliminary. We found striking positive relationships between daughters ratings of insecurity of attachment and their memories of maternal overprotection, their high ratings on boundary dissolution and low ratings on positive affectivity in their current relationship with their mothers and a tendency to interact in an intrusive way with their infants at both the 6 and 9 month assessments (see Table 4). There was a nonsignificant trend between mothers' preoccupied attachment scores and memories of maternal overprotection and observations of intrusiveness with their infants at 9 months. Scores on the repressing/preoccupied dimension, however, were unrelated to boundary dissolution and positive affectivity with their mothers currently or to maternal intrusiveness at 6 months. With a larger sample, such trends may become statistically significant.

Discussion

Thus, the way that daughters' represent their childhood relationship with their parents, rather than what they say actually happened, is related to the nature of their ongoing relationship

with their mothers. Perhaps, their current interactions with their mothers may influence the daughters' mental representations of their childhood relationships; on the other hand, it is possible that reworking and rethinking childhood has allowed them to change the nature of their relationships with their mothers during adulthood and allowed them to provide nonintrusive and cooperative care with their infants. Following mother-daughter dyads over time could elucidate factors that precipitate changes in the nature of their relationships. With our larger sample we plan to examine whether the nature of the current grandmother-daughter relationship corresponds to the daughters' security of attachment even when the daughters' attachment appears to have transformed--that is, daughters who are able to describe early negative experiences coherently, openly acknowledging the negative effects of early childhood experiences.

The Transmission of Caregiving Across Three Generations

Finally, we explored the extent to which grandmothers' history of maternal overprotection, that is, in the relationship between grandmothers and great grandmothers, relate to their daughters' relationship with their grandchildren. As mentioned earlier, continuity of attachment across two generations has been well-documented. However, the extent to which caregiving is transmitted across three generations is less clear. Diane Benoit and her colleagues (1991) found correspondence between grandmothers' and their grandchildrens' attachment classifications. In her sample of economically disadvantaged adolescent mothers, however, Mary Jo Ward and her colleagues (1991) did not find a significant statistical association between grandmothers' and their grandchildrens' attachment classifications.

Results

First, we looked at continuity between grandmothers' own caregiving history of maternal overprotection and the extent to which their daughters were intrusive with their grandchildren.

Similar to findings reported by Ward and her colleagues (1991) our results using maternal overprotection do not lend support for continuity across three generations. Grandmother's memories of overprotection were unrelated to their daughters' intrusiveness with their grandchildren. However, using the Adult Attachment ratings, our results are similar to those reported by Benoit (see Table 5). Grandmothers' security of attachment was significantly related to the cooperative and nonintrusive care that their daughters provided for their grandchildren at the 6 and 9 month assessments. Grandmothers' scores on the repressing/preoccupied dimension were unrelated to the quality of care that their daughters provided for their grandchildren.

Discussion and Concluding Remarks

These findings support the view that it is the way parents represent or organize their thoughts with respect to childhood family experiences that influences maternal caregiving behaviors across three generations rather than memories of specific parental practices such as overprotective care.

In conclusion, a final direction that our work will take is to examine the transmission of patterns within the entire family systems across generations. We have collected data on the nature of grandmothers' relationships with their husbands and their adult daughters' relationships with their husbands. Thus, rather than only examine continuity of parent-child relationships across generations, we can then see if there is continuity across generations in the quality of the marital relationships, as well as continuity in properties of the triadic system -- mother, father and child -- in both generations.

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Table 1

Associations Between Caregiving History and Grandmother-Daughter Observation Ratings

	Overprotection	Encouragement of Autonomy	*t*
	Mean (SD)	Mean (SD)	
Grandmothers' Caregiving History			
Grandmother-Mother Interaction			
Boundary Dissolution	4.81 (1.87)	3.62 (1.90)	2.21*
Positive Affectivity	3.95 (1.73)	4.58 (1.33)	-1.38
Daughters' Caregiving History			
Grandmother-Mother Interactions			
Boundary Dissolution	4.50 (1.99)	3.93 (1.94)	.99
Positive Affectivity	3.85 (1.42)	4.61 (1.57)	-1.74†

† $p<.10$
* $p<.05$

Table 2

Associations Between Daughters' Caregiving History and Daughter-Grandchild Interactions

	Overprotection	Encouragement of Autonomy	*t*
	Mean (SD)	Mean (SD)	
Maternal Intrusiveness			
6-months	5.65 (1.90)	4.45 (1.41)	2.56*
9-months	5.64 (1.65)	4.40 (1.59)	2.35*

*$p<.05$

Table 3

Associations Between Grandmother-Daughter and Daughter-Grandchild Interactions

	Grandmother-Daughter Interactions	
	Boundary Dissolution	Positive Affectivity
Grandmother-Daughter Interactions		
Positive Affectivity	-.53***	---
Daughter-Grandchild Interactions		
Intrusive Care:		
6 Months	.52***	-.27*
9 Months	.57***	-.36**

*p<.05
***p<.001

Table 4

Associations Between Daughters' Attachment Ratings, Grandmother-Daughter Interactions and Daughter-Grandchild Interactions

	Daughters' Attachment Ratings	
	Secure/Insecure	Repressing/Preoccupied
Grandmother-Daughter Interactions		
Boundary Dissolution	-.55**	-.01
Positive Affectivity	.41*	.05
Daughter-Grandchild Interactions		
Intrusive Care:		
6 months	-.49*	.20
9 months	-.61**	-.38†

† $p < .10$, * $p < .05$, ** $p < .01$

Table 5

Associations Between Grandmothers' Attachment Ratings and Daughter-Grandchild Interactions

	Grandmothers' Attachment Ratings	
	Secure/Insecure	Repressing/Preoccupied
Daughter-Grandchild Interactions		
Intrusive Care:		
6 months	-.59*	.05
9 months	-.43†	.11

† $p < .10$

* $p < .05$